T	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										9/683530		
Γ	CLAIMS AS FILED - PART I										7	OTUG	
	(Column 1) (Column 2)							_	SMALL 1	ENTITY	OR .		R THAN ENTITY
L						NUR	GER EXTRA	]	RATE	FEE		RATE	FEE
L	BASIC FEE (37 CFR 1.16(a))							\$	OR		5		
(	TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 4						x s=		OR	× 5 =			
	INDEPENDENT CLAMS (37 CFR 1.16(b)) minus 3 = *						1	X 8=		OR	xs •		
F	MULTIPLE DEPENDENT CLAMA PRESENT (37 CFR 1.16(d))						1	+1 =		OR	+1 =	<del></del>	
Γ.	If the difference in column 1 is less than zero, enter 'V' in column 2.								TOTAL		OR	TOTAL	
İ		CLAIMS AS AMENDED - PART II									,	· ·	<u> </u>
										•	OR	OTHER	R THAN
-	_	(Column 1)				(Column 2)			SMALL (	ENTITY	OR I		ENTITY
MENDMENT A	¥ =			AFTER MENOMENT Minus		MUMBER PREVIOUS	PRESENT Y EXTRA		RATE	ADDI- TIONAL		RATL	1001
		Total	1			PAID FOR	<del>                                     </del>			FEE			TIONAL FEE
	Ž	(D7 CFR 1.14(c)) Independent	<del> </del>	<u> </u>	Minus	20	-		X 1		OR	.¥ \$e	/-
	ξ	OT OFR L. HAD	<u> </u>		L	1_3_	31-		_X 1=	/	OR	X 1e	-
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLANA (17 OFR 1,16(0))								total		OR	+5=	
									ADDI (EE	LJ	OR	ADD'L FEE	
_	_	0/-/		ums 1)	•	(Column 2	(Column 3)	Column 3)	<del></del>	·			
A MENDMENT B	اء ا=	8/2/5	REN	KANING FTER		NUMBER PREVIOUSLY	PRESENT	H	RATE	ADDI- TIONAL		<b>RATE</b>	ADDI-
		Total	•	AMENOMENT (	Minus	PAID FOR	1.		7	FEE			TIONAL FEE
	Ž	DI CER LINGUI Indipendent DI CER LINGUI	. 0	7	Miras	20 = 3	4		x 505.	:.	OR	x: 50	
								x s/UD=		OR	x \$		
$\vdash$	FRIST PRESENTATION OF MALTIPLE DEPENDENT CLAM (3) OFR 1.16(d))							ļ <u>.</u>	+1/8U.		OR	TOTAL	
·									ADOL FEE		OR	ADD'L FEE	
	_			Jumn 1)		(Column 2)	(Column 3)			<del></del>	. 1		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			REL	CAINING FTER TER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE	.i	RATE	ADDI- TIONAL FEE
AMENOMENT	<u>آ</u> [	State states			Linus	-	E .		X 5 =		OR	X.1=	i
		Independent (3) CFR 1,15(p))			Minus	***	t		X 1 =		OR.	x i=	
Ŀ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(4))								+ 5 =		OR	+1 1	
											oa	TOTAL ADDIT LEE	·
	•	' If the "Highest i	Number	Previously	Paid For	IN THIS SPAC	rite "0" in colunin Æ is less than 20,		er "20".	<u> </u>			
		If the "Highest t	Number	Previously	Paid For	IN THIS SPACE	E is less than 3, endeni) is the high	ole	,	the sonropsist	bar in a	olumn 1.	

This orderion of enomation is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fee (and by fix USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smount of time you require to complete this form and/or suppersions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- If you need assistance in completing the form, call 1-800-RTO-9199 and select option 2,----